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same form in anxious melancholia; that the diagnosis in these cases may present real difficulties; that, to solve the problem, it is necessary to bear in mind all the clinical elements of distinction.

ROUSSET, *Du rôle de l'alcoolisme dans l'étiologie de la paralysie générale*, Bull. med. de Paris 1891 V. 743; Gaz. d. hôp. Paris 1891 XIV. 871. (Abstract in Centralbl. f. Nervenheilk. 1891 Oct.).

At the session of the Congress of French alienists at Lyons in August, 1891, Rousset gives an extended review of this subject and makes clear the present position of the question. After showing the difficulties of the investigation of mental diseases because of the uncertainties of the clinical data, he reviews the different historical phases of the relations between progressive paralysis and alcoholism, showing the differences in definition that have been held on this subject among clinicians.

In the second place he treats of the errors which have often occurred, since the alcoholic excesses, which are very frequent in the beginning of general paralysis, were often taken for the cause of the disease. Twenty-two personal observations illustrate the different clinical varieties of alcoholic general paralysis. The conclusions of the author are as follows:

1. The rôle of alcoholism in the etiology of progressive paralysis has at all times been the subject of numerous controversies. The views of the authors may be classed in four principal divisions.

2. Certain patients considered as alcoholic paralytics began in fact in alcoholic excesses, but after the beginning of the general paralysis, so that these excesses are to be considered as results not as causes of the disease. This condition of recently acquired alcoholism need not therefore be taken into account in the causation of the meningo-encephalitis.

3. The correlative advances of alcoholism and general paralysis ought not to mislead us to the conclusion that one of these diseases has been produced by the other. The geographical and ethnographical relations do not seem to speak for the importance of alcoholism in the causation of progressive paralysis.

4. Extracts from the reports of all the asylum directors of France clearly show that the views of clinicians on this subject are still very much divided.

5. It appears that alcoholism plays a smaller rôle in the etiology of general paralysis than that uncertain, often unknown and impalpable "something" that is found in all diseases, and which seems to be a necessary condition for the development of the meningo-encephalitis, namely predisposition, which, according to the individual, may be cerebral, rheumatic and nervous, or alcoholic. In some, not very frequent cases, chronic alcoholism may bring on general paralysis without this predisposition, since it brings on a process of connective tissue growth and brain sclerosis.

Magnan of Paris opened the discussion by a clinical and anatomical demonstration of chronic cerebral alcoholism and insisted on the importance not only of the individual but also of the organs for the localization of the alcoholic lesions. For him there exists a general paralysis, but not an alcoholic general paralysis. The patients designated by this last name may be divided into three groups: first, chronic alcoholics with cerebral lesions; second, true general paralytics, who have remissions in the first stages of the disease; and third, the hereditarily degenerated, who under the influence of alcohol show cerebral symptoms which simulate progressive paralysis.

Régis of Bordeaux, from his observations in Castel d'Andorte, thought that it must be assumed that alcohol played only a secondary rôle in the etiology of general paralysis in the upper and middle classes of the

district; on the contrary from this point of view hereditary predisposition and syphilis seemed to him to be of manifestly greater importance.

Marie and Bonnet expressed similar views from personal statistical data, that especially alcohol more frequently than other poisons (lead, mercury, morphine), but in the same way as these, contributed to the development of the disease in the hereditarily affected.

Combemale referred to his observations made first at Montpellier and then at Lille on dogs that he had accustomed continually to alcohol drinking; between the fourth and eleventh months these animals manifested a series of characteristic physical and mental symptoms, and showed at the autopsy the same signs as progressive paralysis.

Christian disputed this similarity, and thought that in these cases there was probably an encephalitis which differed anatomically from the meningo-encephalitis of progressive paralysis.

**MARIE,** *Contribution à l'étude des troubles oculaires dans la paralysie générale*, Thèse de Paris 1890, No. 349.

The thesis of Dr. Marie contains nothing that is not already known about ocular troubles in general paralysis. His conclusions are that:

1. Ocular troubles (ophthalmoplegias, amauroses, etc.) are frequent in general paralysis. They have a special importance in that they may precede by several years the beginning of the affection.

2. These early troubles are transitory and incomplete in character.

3. Post-mortem examinations show that the initial diffusion of the lesion of general paralysis extends to the peripheral nervous system as well as to the portions of the cerebro-spinal axis.

#### *Confusional Insanity.*

In his review of Mental Diseases for 1891, in the Annual of the Universal Medical Sciences, Dr. Brush, in referring to the article by Connolly Norman on the subject of Confusional Insanity (see this JOURNAL, iv. p. 326), comments as follows on Wood's use of this term:

"It seems to us that Wood has somewhat overshot the mark in his attempt to simplify the nomenclature of insanity and its classification, and has incurred the risk of confusing distinct clinical forms of mental disorder. The term "stuporous insanity," for example, while applicable to a class of cases etiologically of the same origin, physical or mental exhaustion, disturbed nutrition or malnutrition, and auto-intoxication, conveys to the clinical alienist the idea of a class widely differing, in its clinical picture, from some of the cases he attempts to group together. The term "stuporous," while it describes an apparent state, is, we think, an unfortunate one. The majority of the cases are not stupid, but, on the contrary, alert and watchful. In some an overwhelming delusion of terror dominates, as it were, the patient, and prevents all attempts at spontaneity. In others, the impressions are normally received and interpreted, but response cannot be evoked. The patient is in some sense mentally paralyzed, but he is not stupid. We doubt not, indeed we know from observation, that cases which have been classed under the head of "confusional insanity" were able to carry on distinct trains of reasoning, starting, it must be admitted, from false premises, but arriving at distinct conclusions; and these same cases have, after convalescence, been able to clearly recall the events and ideas of the so-called confusional period."

**IRELAND,** *Torquato Tasso; a psychological study*, Alienist and Neurolologist, 1891 XII. 477.

This study is based upon the various lives of the poet Tasso, which we possess in Italian and in English. The writer calls special attention